



RAVENSWOOD POOL

Saturdays

2017 Water Safety Schedule- In Person Registration for Ravenswood Pool will begin on March 21, 2017

Aquatics Web Page: <http://www.stlucieco.gov/aquatics>

Online Registration: <http://stlucieco.gov/swimlessons>

St. Lucie County / American Red Cross

400 Ravenswood Lane, Port St. Lucie, FL 34983 (772) 871-2183

\$65.00 OR (\$30.00 with sponsorship) Maximum of two Sponsorships per family.

2016 tax return is required or proof of free/reduced lunch.

A session is 6 classes.

Please check the box to the right of the session(s) you wish to attend.

April 15 - May 20 (Make-up day: Sunday May 21)			May 27 - July 1 (Make-up day: Sunday July 2)			July 8 - August 12 (Make-up day: Sunday August 13)		
8:30am-9:15am	Preschool 1		8:30am-9:15am	Preschool 1		8:30am-9:15am	Preschool 1	
	Level 1			Level 1			Level 1	
	Level 2A			Level 2A			Level 2A	
	Level 3			Level 3			Level 3	
	Parent/Child			Parent/Child			Parent/Child	
9:20am-10:05am	Preschool 2		9:20am-10:05am	Preschool 2		9:20am-10:05am	Preschool 2	
	Level 1			Level 1			Level 1	
	Level 2A			Level 2A			Level 2A	
	Level 4			Level 4			Level 4	
	Adult			Adult			Adult	
10:10am-10:55am	Preschool 3		10:10am-10:55am	Preschool 3		10:10am-10:55am	Preschool 3	
	Level 1			Level 1			Level 1	
	Level 2B			Level 2B			Level 2B	
	Level 5			Level 5			Level 5	
	Level 6			Level 6			Level 6	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:		Male / Female	Date of Birth
Mailing Address:	Street		
	City	State	Zip
Contact E-mail Address:			
Phone:			
Medical Condition/ Special Needs:	<div style="display: flex; justify-content: space-between;"> No Yes (Please ask for an additional form to fill out) </div>		

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ Date: _____

Office use only: Scholarship \$ _____ Cash _____ Check _____

Visa/MC/Discover _____ Changes made in current session: _____

Staff Received by: _____



RAVENSWOOD POOL

Mornings – JUNE & JULY

2017 Water Safety Schedule- In Person Registration for Ravenswood Pool will begin on March 21, 2017

Aquatics Web Page: <http://www.stlucieco.gov/aquatics>

Online Registration: <http://stlucieco.gov/swimlessons>

St. Lucie County / American Red Cross

400 Ravenswood Lane, Port St. Lucie, Fl. 34983 (772) 871-2183

\$65.00 OR (\$30.00 with sponsorship) Maximum of two Sponsorships per family.

2016 tax return is required or proof of free/reduced lunch.

A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

June 5 - June 14 (Make-up day: June 8 and/or June 15)		
8:30am-9:15am	Preschool 1	
	Level 1	
	Level 2A	
	Level 4	
9:20am-10:05am	Preschool 2	
	Level 1	
	Level 2B	
	Level 5/6	
10:10am-10:55am	Preschool 3	
	Parent/Child	
	Level 3	
	Adult	

June 19 - June 28 (Make-up day: June 22 and/or June 29)		
8:30am-9:15am	Preschool 1	
	Level 1	
	Level 2A	
	Level 4	
9:20am-10:05am	Preschool 2	
	Level 1	
	Level 2B	
	Level 5/6	
10:10am-10:55am	Preschool 3	
	Parent/Child	
	Level 3	
	Adult	

July 10 - July 19 (Make-up day: July 13 and/or July 20)		
8:30am-9:15am	Preschool 1	
	Level 1	
	Level 2A	
	Level 4	
9:20am-10:05am	Preschool 2	
	Level 1	
	Level 2B	
	Level 5/6	
10:10am-10:55	Preschool 3	
	Parent/Child	
	Level 3	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:		Male / Female	Date of Birth
Mailing Address:	Street		
	City	State	Zip
Contact E-mail Address:			
Phone:			
Medical Condition/ Special Needs:	<div style="display: flex; justify-content: space-between;"> No Yes (Please ask for an additional form to fill out) </div>		

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ Date: _____

Office use only: Scholarship \$ _____ Cash _____ Check _____ Visa/MC/Discover _____ Changes made in current session: _____ Staff Received by: _____



Ravenswood POOL

Mornings- July & August

2017 Water Safety Schedule – In Person Registration Ravenswood Pool will begin on March 21, 2017

Aquatics Web Page: <http://www.stlucieco.gov/aquatics>

Online Registration: <http://stlucieco.gov/swimlessons>

St. Lucie County / American Red Cross

400 Ravenswood Lane Port Saint Lucie, Fl. 34983 (772) 871-2183

\$65.00 OR (\$30.00 with sponsorship) Maximum of two Sponsorships per family.

2016 tax return is required or proof of free/ reduced lunch.

A session is 6 classes: Monday, Tuesday and Wednesday for two weeks

Please check the box to the right of the session(s) you wish to attend.

July 24 – August 2 (Make-up days: July 27 and/or August 3)		
8:30am-9:15am	Preschool 1	
	Level 1	
	Level 2A	
	Level 4	
9:20am-10:05am	Preschool 2	
	Level 1	
	Level 2B	
	Level 5/6	
10:10am-10:55am	Preschool 3	
	Parent/Child	
	Level 3	
	Adult	

August 7 – August 16 (Make-up days: August 10 and/or August 17)		
8:30am-9:15am	Preschool 1	
	Level 1	
	Level 2A	
	Level 4	
9:20am-10:05am	Preschool 2	
	Level 1	
	Level 2B	
	Level 5/6	
10:10am-10:55am	Preschool 3	
	Parent/Child	
	Level 3	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:			Male / Female	Date of Birth
Mailing Address:	Street			
	City	State	Zip	
Contact E-mail Address:				
Phone:				
Medical Condition/ Special Needs:	No Yes (Please ask for an additional form to fill out)			

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ Date: _____

Office use only: Scholarship \$ _____ Cash _____ Check _____ Visa/MC/Discover _____ Changes made in current session: _____ Staff Received by: _____



RAVENSWOOD POOL

EVENINGS – April & May

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A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

April 10 – April 19 (Make-up days: April 13 and/or April 20)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

May 1 – May 10 (Make-up days: May 4 and/or May 11)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:		Male / Female	Date of Birth
Mailing Address:	Street		
	City	State	Zip
Contact E-mail Address:			
Phone:			
Medical Condition/ Special Needs:	<div style="display: flex; justify-content: space-between;"> No Yes (Please ask for an additional form to fill out) </div>		

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ **Date:** _____

Office use only: Scholarship \$ _____ Cash _____ Check _____	
Visa/MC/Discover _____ Changes made in current session: _____	
Staff Received by: _____	



RAVENSWOOD POOL

EVENINGS - June

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A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

June 5 – June 14 (Make-up days: June 8 and/or June 15)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

June 19 – June 28 (Make-up days: June 22 and/or June 29)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:		Male / Female	Date of Birth
Mailing Address:	Street		
	City	State	Zip
Contact E-mail Address:			
Phone:			
Medical Condition/ Special Needs:	<div style="display: flex; justify-content: space-between;"> No Yes (Please ask for an additional form to fill out) </div>		

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ Date: _____

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RAVENSWOOD POOL

EVENINGS - July

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A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

July 10 – July 19 (Make-up days: July 13 and/or June 20)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

July 24 – August 2 (Make-up days: July 27 and/or August 3)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:		Male / Female	Date of Birth
Mailing Address:	Street		
	City	State	Zip
Contact E-mail Address:			
Phone:			
Medical Condition/ Special Needs:	No Yes (Please ask for an additional form to fill out)		

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ Date: _____

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RAVENSWOOD POOL

EVENINGS - August

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Online Registration: <http://stlucieco.gov/swimlessons>

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2016 tax return is required or proof of free/reduced lunch.

A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

August 7 – August 16 (Make-up days: August 10 and/or August 17)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

August 21 – August 30 (Make-up days: August 24 and/or August 31)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:			Male / Female	Date of Birth
Mailing Address:	Street			
	City	State	Zip	
Contact E-mail Address:				
Phone:				
Medical Condition/ Special Needs:	No Yes (Please ask for an additional form to fill out)			

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ Date: _____

Office use only: Scholarship \$ _____ Cash _____ Check _____ Visa/MC/Discover _____ Changes made in current session: _____ Staff Received by: _____



RAVENSWOOD POOL

EVENINGS - September

2017 Water Safety Schedule – In Person Registration for Ravenswood Pool will begin on March 21, 2017

Aquatics Web Page: <http://www.stlucieco.gov/aquatics>

Online Registration: <http://stlucieco.gov/swimlessons>

St. Lucie County / American Red Cross

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\$65.00 OR (\$30.00 with sponsorship) Maximum of two Sponsorships per family.

2016 tax return is required or proof of free/reduced lunch.

A session is 6 classes: Monday, Tuesday and Wednesday for two weeks.

Please check the box to the right of the session(s) you wish to attend.

September 4 – September 13 (Make-up days: Sep. 7 and/or Sep. 14)		
5:15pm-6:00pm	Preschool 1	
	Level 1	
	Level 2B	
	Level 5/6	
6:05pm-6:50pm	Preschool 2	
	Level 1	
	Level 3	
	Parent/ Child	
6:55pm-7:40pm	Preschool 3	
	Level 2A	
	Level 4	
	Adult	

Please call the facility to inquire about bad weather cancellations 30 minutes prior to class.

Participant's Name:			Male / Female	Date of Birth
Mailing Address:	Street			
	City		State	Zip
Contact E-mail Address:				
Phone:				
Medical Condition/ Special Needs:	No	Yes (Please ask for an additional form to fill out)		

I have thoroughly read, understand and agree with the policies, guidelines, releases and waivers given to me to read.

Signature: _____ Date: _____

Office use only: Scholarship \$ _____ Cash _____ Check _____ Visa/MC/Discover _____ Changes made in current session: _____ Staff Received by: _____

St. Lucie County Board of County Commissioners



Permission to Participate In St. Lucie County Youth Programs

NOTICE TO THE MINOR CHILD'S PARENT OR GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ST. LUCIE COUNTY BOCC, ITS DEPARTMENTS, EMPLOYEES, OFFICIALS, COACHES, CONTRACTORS, VOLUNTEERS, SPECIALISTS, AND AGENTS (HEREINAFTER REFERRED TO AS "RELEASED PARTIES") USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ANY OR ALL OF THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent sign here: _____

PERMISSION TO PARTICIPATE IN St. LUCIE COUNTY YOUTH PROGRAMS PARTICIPANTS RELEASE AND WAIVER OF LIABILITY AGREEMENT

Read Completely and Carefully Before Signing

I, the undersigned, as the parent or legal guardian of the minor child ("my child") named below, do hereby give my full consent and approval for my child to participate as a member of the St. Lucie County BOCC Youth Programs.

I understand that there are certain risks of damages and injuries, including death, inherent in the St. Lucie County BOCC Youth Programs, as well as in any transportation in County owned or non-owned vehicles that may be part of the program and in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of myself and my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

St. Lucie County Board of County Commissioners

Further, I understand that there is inherent risk in Youth Programs and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if the activity provider acts with due care and includes failure by the activity coordinator to warn me or my child of an inherent risk or the risk that the participant or another participant in the activity may act in a negligent or intentional manner and contribute to the injury or death of my minor child.

I understand that youth activity programs may actually be organized, directed and presented by an individual(s) performing those duties as ***an independent contractor or specialist using County property***. I further understand that this agreement applies to all St. Lucie County Departments programs that my child is permitted to participate in, including, but not limited to; Karate Classes, Dance Classes, Exercise Classes, Sport Participant Instruction, Team Sports Activities (baseball, softball, soccer, basketball, football), Camping, Skating and/or Skate Boarding, Cooking Classes, Fishing Events, Canoe and Kayak Activities, Swimming Pool Activities, Art and Wood Working Activities, Horse and other Animal Show Events, 4-H and FFA Events, Library Activities, Computer Activities, and Boys and Girls Club Activities.

I hereby give permission for my child to receive necessary medical treatment.

Further, I agree that in consideration for my child's participation in the St. Lucie County Youth Programs that I shall hold harmless and fully indemnify and defend St. Lucie County BOCC, its departments, employees, officials, coaches, volunteers, contractors, specialists, and agents (Released Parties) from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties. I hereby waive, release, discharge and agree not to sue the Released Parties for any and all causes of actions, claims or damages arising out of or resulting from my child's participation in the Youth Activities, including but not limited to damages, injuries, or death arising out of risks that are a natural part of these activities. I agree that in consideration for my child being permitted to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my child's participation in this activity.

St. Lucie County has my permission to use/take a photograph of my child for the use of publicity of the above program without compensation. I hereby waive any claim that may arise by the use/taking of my child's photograph.

I expressly agree the Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, and that I understand each of the provisions in this agreement and that I agree to abide by them.

Please print

PROGRAM/ACTIVITY: _____

Name of Minor Child (Under age 18) Participants DOB Name of Parent / Guardian

Address City State ZIP

Signed: _____ **Date:** _____ **Phone #:** _____
Parent / Guardian

Signed: _____ **Print Name:** _____
Witness - St. Lucie County BOCC or Agent

St. Lucie County Board of County Commissioners



ADULT PARTICIPANTS RELEASE AND WAIVER OF LIABILITY AGREEMENT

Read Completely and Carefully Before Signing

Age 18+

Print:

In consideration of the permission granted to me _____ (Participant Name) to participate in those activities that are offered, I _____ (Participant Name) hereby agree to sign this Release and Waiver.

I understand that the activity may actually be organized, directed, controlled and presented by an individual(s) performing those duties as *an independent contractor or specialist* using County property. I further understand that this agreement applies to all programs that I am permitted to participate in, including, but not limited to; Karate Classes, Dance Classes, Exercise Classes, Sport Participant Instruction, Team Sports Activities (baseball, softball, soccer, basketball, football), Camping, Skating and/or Skate Boarding, Cooking Classes, Canoe and Kayak Activities, Fishing events, Swim Lessons, Art and Wood Working, Horse and other Animal Show events, 4-H and FFA events, Computer activities, and Boys and Girls Club activities.

I understand that there is inherent risk in the Activity and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if the activity provider acts with due care and includes failure by the activity provider to warn me of an inherent risk or the risk that the participant or another participant in the activity may act in a negligent or intentional manner and contribute to the injury or death of me and I am willing to assume these risks on behalf of myself and my heirs.

Further, I agree that in consideration for my being permitted to participate in the St. Lucie County Recreation Programs, I hereby waive, release, discharge and agree not to sue St. Lucie County BOCC, its departments, employees, officials, coaches, volunteers, contractors, Specialists and agents ("Released Parties"), for any and all causes of actions, claims or damages arising out of or resulting from my participation in those activities, including but not limited to damages, injuries, or death arising out of risks that are a natural part of the recreational activities. I agree that I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my participation. I further agree, on behalf of myself and my heirs, that I shall hold harmless and fully indemnify and defend the Released Parties from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of me or my heirs, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties.

I expressly agree the Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, and that I understand each of the provisions in this agreement and that I agree to abide by them.

Please print

PRIMARY PROGRAM/ACTIVITY: _____

Participant Name: _____ **DOB:** _____ **Phone #:** _____

Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Signed: _____ **Date:** _____

Signed: _____ **Print Name:** _____
Witness - St. Lucie County BOCC or Agent